

KENTUCKY PERSONNEL CABINET

Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance
Board Members

June 2017

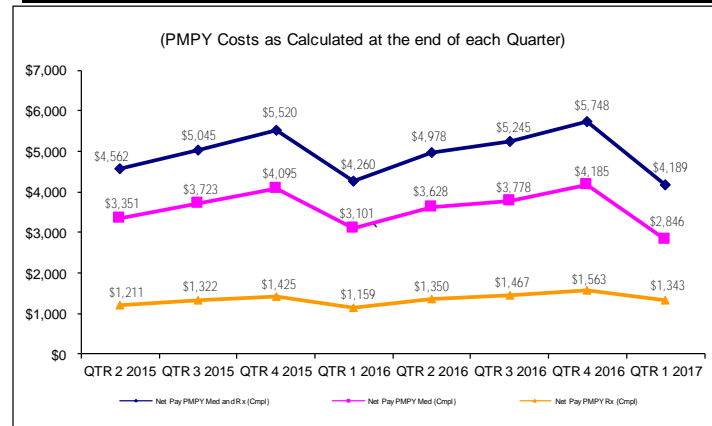
DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not Yet Reported (IBNR or CMPL)

Enrollment

Fact	Feb 2016 - Jan 2017	Feb 2015 - Jan 2016	% Change
Employees Avg Med	146,537	148,334	-1.21%
Members Avg Med	262,016	261,959	0.02%
Family Size Avg	1.8	1.8	1.25%
Member Age Avg	36.9	37.1	-0.36%

Net Incurred Claims Cost per Member



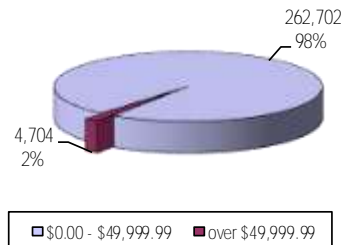
Allowed Claims Costs PMPY with Norms

	Feb 2015 - Jan 2016	Feb 2016 - Jan 2017	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,245.11	\$4,458.13	5%	\$4,688.89	-5.18%
Allow Amt PMPY IP Acute {Cmpl}	\$1,245.41	\$1,230.28	-1%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$2,985.31	\$3,214.54	8%	\$3,284.00	-2.16%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,635.10	\$1,793.61	10%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$862.48	\$917.67	6%	N/A	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$204.43	\$214.27	5%	N/A	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$427.57	\$447.48	5%	N/A	N/A
Out of Pocket PMPY Med {Cmpl}	\$703.72	\$747.29	6%	\$684.62	8.39%
Allow Amt PMPY Rx {Cmpl}	\$1,468.41	\$1,616.04	10%	\$1,357.42	16.00%
Out of Pocket PMPY Rx {Cmpl}	\$223.31	\$203.70	-9%	\$0.00	N/A

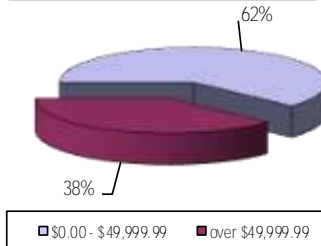
High Cost Claimants

Feb 16—Jan 17

% of High Cost Patients



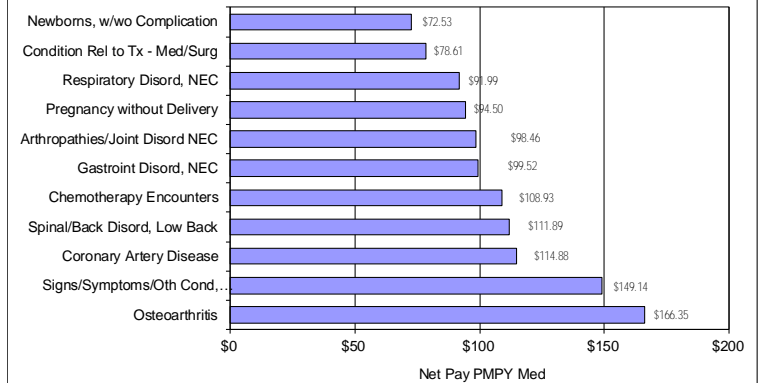
% of Total Net Payments (Med and Rx)



Prescription Drug Programs

	Fact	Feb 2015 - Jan 2016	Feb 2016 - Jan 2017	% Change
Mail Order	Discount Off AWP % Rx	52.95%	51.49%	-2.76%
	Scripts Generic Efficiency Rx	95.78%	96.17%	0.41%
Retail	Discount Off AWP % Rx	54.87%	52.15%	-4.96%
	Scripts Generic Efficiency Rx	96.45%	97.23%	0.81%
Total	Discount Off AWP % Rx	54.36%	51.95%	-4.42%
	Scripts Generic Efficiency Rx	96.38%	97.10%	0.75%
	Scripts Maint Rx % Mail Order	14.30%	15.31%	7.02%

Top 10 Clinical Conditions



Cost Drivers Support

Fact	Feb 2015 - Jan 2016	Feb 2016 - Jan 2017	% Change
Allow Amt Per Day Adm Acute	\$4,258.78	\$4,392.58	3.14%
Days Per 1000 Adm Acute	289.59	273.99	-5.39%
Allow Amt Per Visit OP Fac Med	\$1,446.62	\$1,513.07	4.59%
Visits Per 1000 OP Fac Med	1,130.05	1,173.16	3.81%
Allow Amt Per Visit Office Med	\$116.23	\$117.36	0.97%
Visits Per 1000 Office Med	7,419.82	7,762.59	4.62%
Allow Amt Per Day Supply Rx	\$2.72	\$2.88	5.83%
Days Supply PMPY Rx	539.27	560.32	3.90%

Cost Drivers—Utilization and Price Trends

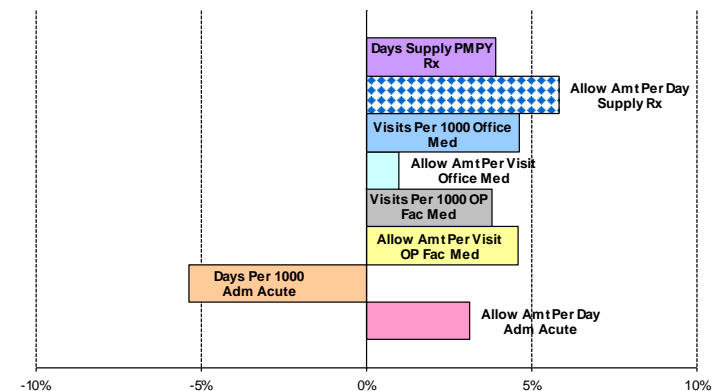


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Introduction

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. Truven warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

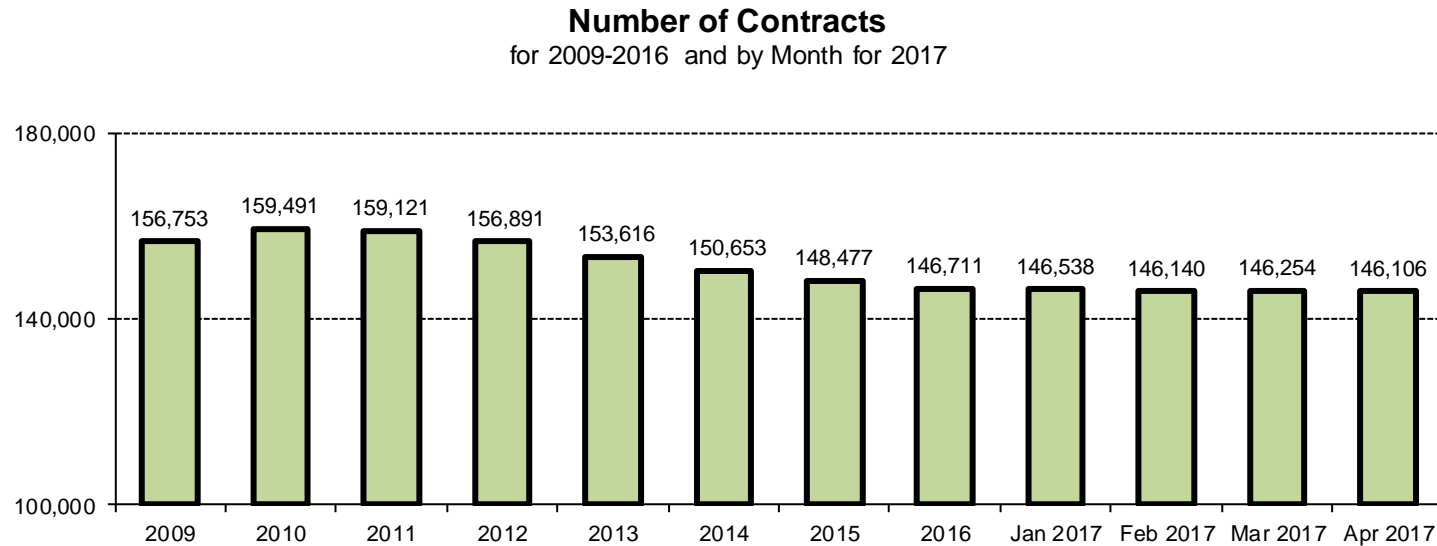
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2015, Advantage Suite processed enrollment information for a total of 261,938 members as well as 7,670,160 claims (3,223,507 Medical claims and 4,446,653 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

Definitions

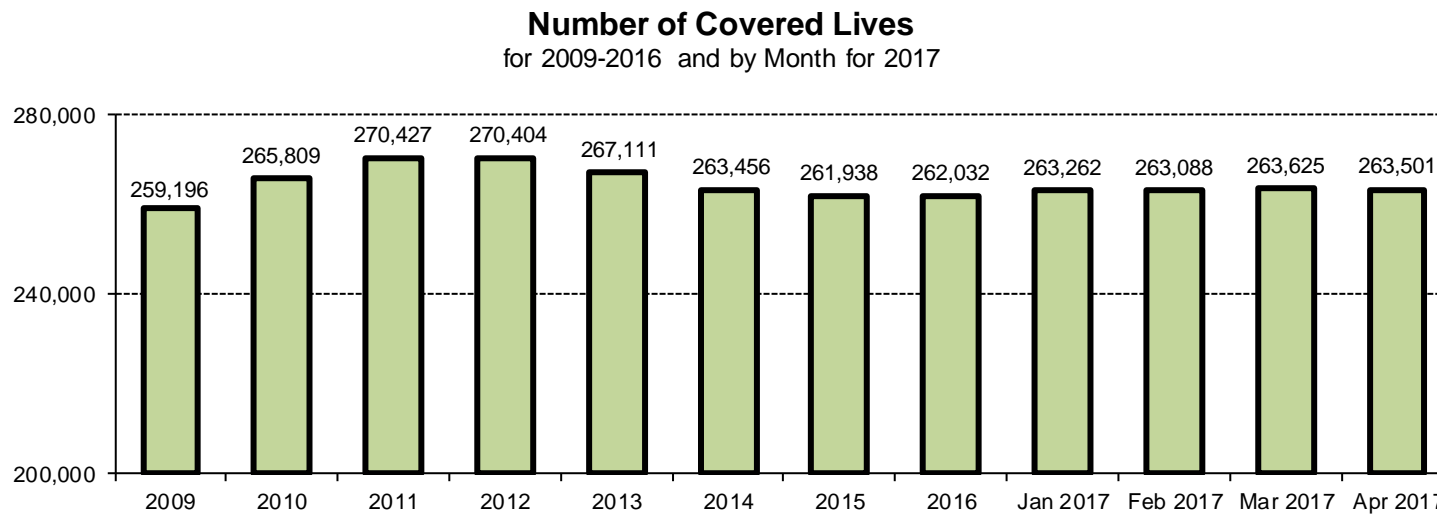
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is CW Standard PPO, CW Capitol Choice, CW Optimum PPO, CW Maximum Choice, Standard PPO, Standard CDHP, LivingWell PPO and LivingWell CDHP
- **Carrier** is claims listed by carrier. (Please note that Express Scripts data is designated as Humana and CVS is designated as Anthem).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following chart shows planholder enrollment (contracts) for 2009-2016 and monthly year-to-date for 2017. Enrollment will fluctuate on a monthly basis (Approximately 7,300 cross-referenced spouses in any given month are not included)

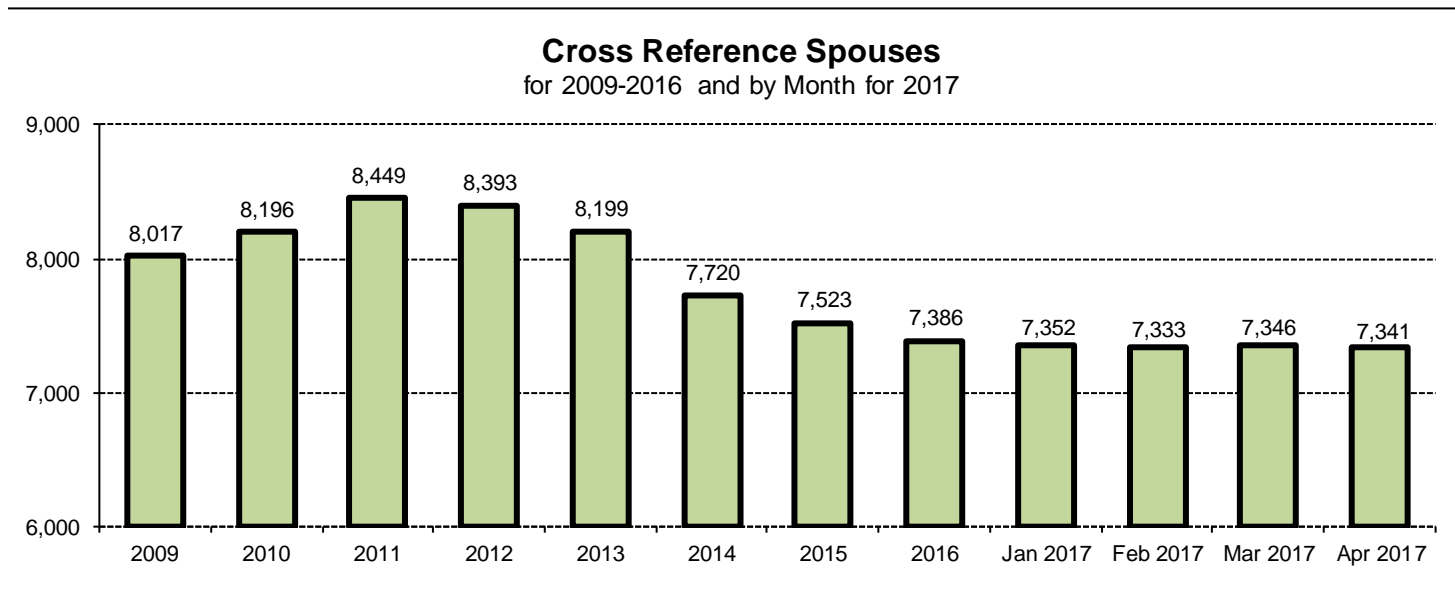


The following chart shows member enrollment (covered lives) for 2009-2016 and monthly year-to-date for 2017. Enrollment will fluctuate on a monthly basis.



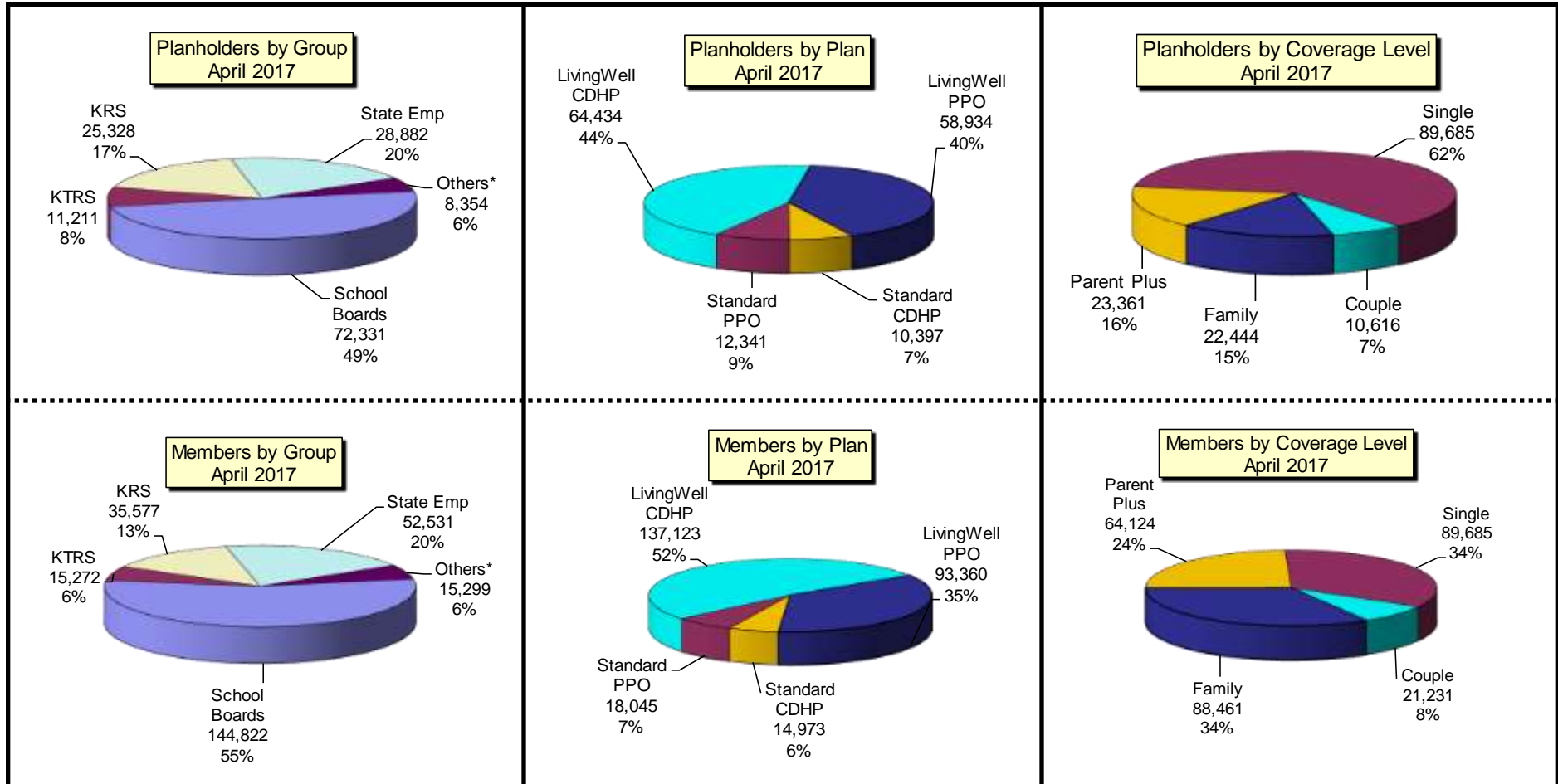
Enrollment *(continued)*

The following graph shows the number of cross-reference spouses for 2009-2016 and monthly year-to-date for 2017. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



Enrollment *(continued)*

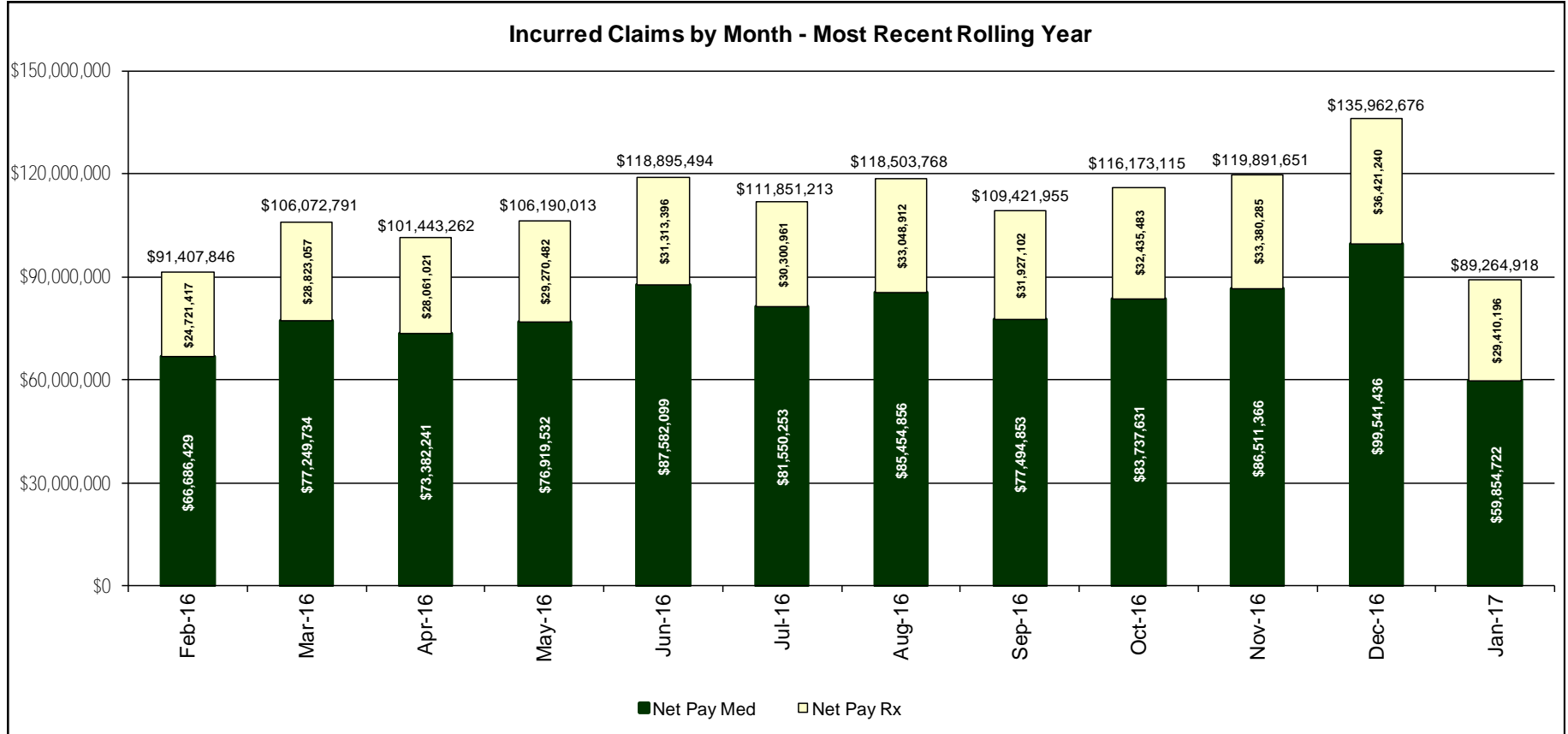
The following charts show Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs *(continued)*

The following table represents incurred claims by Group for 2009 - 2016 and monthly year-to-date for 2017.

INCURRED MEDICAL CLAIMS (no Rx) by Group:

Time Period	School Boards	KTRS	KRS	State Employees	Others	Totals
2009	\$427,644,878	\$123,944,338	\$220,434,791	\$177,195,445	\$68,628,440	\$1,017,847,892
2010	\$467,251,898	\$134,399,726	\$218,395,487	\$193,151,301	\$79,182,411	\$1,092,380,824
2011	\$475,939,979	\$137,632,074	\$239,407,280	\$200,932,917	\$80,536,373	\$1,134,448,624
2012	\$507,681,774	\$138,118,714	\$243,217,120	\$206,804,511	\$90,085,615	\$1,185,907,733
2013	\$523,689,024	\$134,541,840	\$232,179,281	\$214,229,963	\$96,163,847	\$1,200,803,955
2014	\$465,112,511	\$121,029,097	\$216,483,334	\$202,992,249	\$80,366,825	\$1,085,984,016
2015	\$406,242,265	\$100,763,186	\$188,965,439	\$159,528,084	\$62,664,347	\$918,163,321
2016	\$431,260,218	\$100,278,034	\$193,346,141	\$170,666,702	\$60,485,214	\$956,036,309
Jan 2017	\$25,902,380	\$6,382,056	\$13,159,914	\$10,334,524	\$4,075,849	\$59,854,722

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following table represents incurred claims by Group for 2009 - 2016 and monthly year-to-date for 2017.

INCURRED Rx CLAIMS (no Med) by Group:

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2009	\$119,002,425	\$45,308,689	\$82,234,684	\$50,881,577	\$18,339,245	\$315,766,619
2010	\$129,624,203	\$49,399,459	\$89,783,758	\$55,125,407	\$21,022,918	\$344,955,745
2011	\$126,659,101	\$48,675,489	\$92,082,668	\$54,232,323	\$20,434,256	\$342,083,837
2012	\$133,983,235	\$50,751,278	\$88,781,373	\$58,571,312	\$21,662,510	\$353,749,707
2013	\$140,311,249	\$50,990,433	\$78,583,695	\$60,381,053	\$22,626,889	\$352,893,319
2014	\$131,098,426	\$43,053,078	\$73,830,755	\$55,751,835	\$20,884,223	\$324,618,317
2015	\$128,980,195	\$42,244,264	\$74,177,643	\$56,324,275	\$21,643,067	\$323,369,444
2016	\$150,135,775	\$44,003,728	\$82,299,878	\$62,083,157	\$23,912,902	\$362,435,440
Jan 2017	\$11,783,252	\$3,332,177	\$6,907,601	\$5,372,814	\$2,014,353	\$29,410,196

** Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).*

Claims Costs *(continued)*

The following table represents incurred claims by Plan for 2009-2016 and monthly year-to-date for 2017.

INCURRED MEDICAL CLAIMS (no Rx) by PLAN:

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$115,052,390	\$44,250,277	\$839,555,872	\$14,550,862					\$4,290,752	\$1,017,847,892
2010	\$120,801,466	\$56,099,090	\$893,370,461	\$15,244,745					\$6,865,062	\$1,092,380,824
2011	\$145,752,975	\$71,531,690	\$872,004,689	\$39,637,013					\$5,522,257	\$1,134,448,624
2012	\$159,420,476	\$75,626,849	\$887,301,358	\$53,534,574	(\$83)	(\$1,306)	(\$277)	\$0	\$10,026,143	\$1,185,909,745
2013	\$157,512,671	\$78,703,350	\$875,934,324	\$65,114,150	\$216,633	\$876,162	\$1,179,585	\$1,083,964	\$11,952,397	\$1,192,575,248
2014	\$1,510	\$529	\$75,560	\$15,221	\$57,385,008	\$46,095,825	\$598,724,084	\$375,470,631	\$8,215,648	\$1,085,986,030
2015	\$0	\$0	\$0	\$0	\$44,666,412	\$42,836,622	\$448,886,459	\$376,184,556	\$5,589,272	\$918,165,336
2016	\$0	\$0	\$0	\$0	\$52,872,938	\$47,874,979	\$443,289,115	\$405,863,755	\$6,135,521	\$956,038,325
Jan 2017	\$0	\$0	\$0	\$0	\$4,238,343	\$1,847,561	\$26,811,946	\$26,644,060	\$312,812	\$59,897,458

*Missing means the claims could not be tagged to a specific plan.

Claims Costs *(continued)*

The following table represents incurred claims by Plan for 2009-2016 and monthly year-to-date for 2017.

INCURRED Rx CLAIMS (no Med) by PLAN:

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$35,845,894	\$7,804,096	\$267,798,635	\$3,632,729					\$627,662	\$315,766,619
2010	\$37,400,953	\$10,541,054	\$292,411,029	\$3,839,193					\$763,517	\$344,955,745
2011	\$44,303,915	\$13,658,792	\$275,615,919	\$8,069,769					\$435,441	\$342,083,836
2012	\$47,436,530	\$14,365,504	\$280,632,291	\$10,764,647					\$550,735	\$353,749,707
2013	\$46,693,999	\$15,357,135	\$276,749,095	\$14,030,828					-\$153,326	\$352,677,732
2014	\$3,375	\$220	\$33,102	\$3,098	\$17,730,754	\$5,829,739	\$217,764,345	\$82,940,511	\$313,173	\$324,618,317
2015	\$0	\$0	\$0	\$0	\$16,014,203	\$6,900,131	\$201,565,505	\$98,813,439	\$76,166	\$323,369,444
2016	\$0	\$0	\$0	\$0	\$19,006,741	\$7,460,812	\$216,138,015	\$119,619,750	\$210,122	\$362,435,440
Jan 2017	\$0	\$0	\$0	\$0	\$1,955,286	\$258,561	\$17,955,262	\$9,230,579	\$10,507	\$29,410,196

*Missing means the claims could not be tagged to a specific plan.

Claims Costs *(continued)*

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2009-2016 and monthly year-to-date for 2017.

INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2009	\$148,834,766	\$197,496,335	\$148,195,132	\$519,153,082	\$4,168,576	\$1,017,847,892
2010	\$161,490,560	\$207,327,688	\$168,831,673	\$547,945,617	\$6,785,286	\$1,092,380,824
2011	\$159,448,230	\$231,732,200	\$184,502,900	\$553,571,504	\$5,473,567	\$1,134,728,400
2012	\$159,856,516	\$247,003,535	\$194,212,198	\$574,926,707	\$9,908,778	\$1,185,907,733
2013	\$145,507,029	\$251,770,711	\$207,256,121	\$576,091,144	\$11,948,229	\$1,192,573,235
2014	\$131,271,014	\$239,094,807	\$182,552,523	\$524,850,024	\$8,215,648	\$1,085,984,016
2015	\$113,178,867	\$214,356,563	\$156,654,836	\$428,383,783	\$5,589,272	\$918,163,321
2016	\$115,483,194	\$232,383,245	\$155,872,172	\$446,162,177	\$6,135,521	\$956,036,309
Jan 2017	\$7,443,389	\$14,446,166	\$9,018,703	\$28,633,652	\$312,812	\$59,854,722

**Unable to tag claims to a specific coverage level*

Claims Costs *(continued)*

The following represents incurred RX claims only (does not include medical) by Coverage Level for 2009-2016 and monthly year-to-date for 2017.

INCURRED Rx CLAIMS (no Med) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2009	\$51,545,047	\$59,726,568	\$37,315,867	\$166,599,775	\$579,363	\$315,766,619
2010	\$57,195,759	\$64,920,207	\$41,129,813	\$180,993,674	\$716,292	\$344,955,745
2011	\$55,944,577	\$66,704,498	\$43,290,721	\$175,791,341	\$352,568	\$342,083,705
2012	\$54,761,601	\$70,977,910	\$47,935,016	\$179,708,356	\$366,823	\$353,749,707
2013	\$50,604,750	\$72,780,959	\$51,981,507	\$177,679,696	-\$153,593	\$352,893,319
2014	\$45,477,497	\$67,741,378	\$45,635,023	\$165,451,246	\$313,173	\$324,618,317
2015	\$42,956,512	\$68,801,160	\$45,203,602	\$166,332,004	\$76,166	\$323,369,444
2016	\$48,068,600	\$80,355,825	\$49,718,091	\$184,082,802	\$210,122	\$362,435,440
Jan 2017	\$3,870,932	\$6,421,816	\$3,974,066	\$15,132,874	\$10,507	\$29,410,196

**Unable to tag claims to a specific coverage level*

Medical Claims Utilization

The following is based on medical claims* (does not include Rx) incurred for Jan 2017.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt Sgovt	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute Rcnt Sgovt	%Diff from Rcnt SGovt	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute Rcnt Sgovt	%Diff from Rcnt Sgovt
LivingWell CDHP	51.48	56.00	-8.08%	3.70	3.83	-3.60%	190.22	246.95	-22.97%
LivingWell PPO	62.07	57.67	7.63%	4.39	4.20	4.38%	272.27	266.86	2.03%
Standard CDHP	34.78	54.15	-35.77%	7.91	5.04	56.85%	275.01	235.50	16.78%
Standard PPO	64.11	59.60	7.58%	4.94	4.39	12.48%	316.72	275.90	14.79%
Average	55.20	56.75	-2.72%	4.22	4.07	3.79%	233.15	255.44	-8.73%

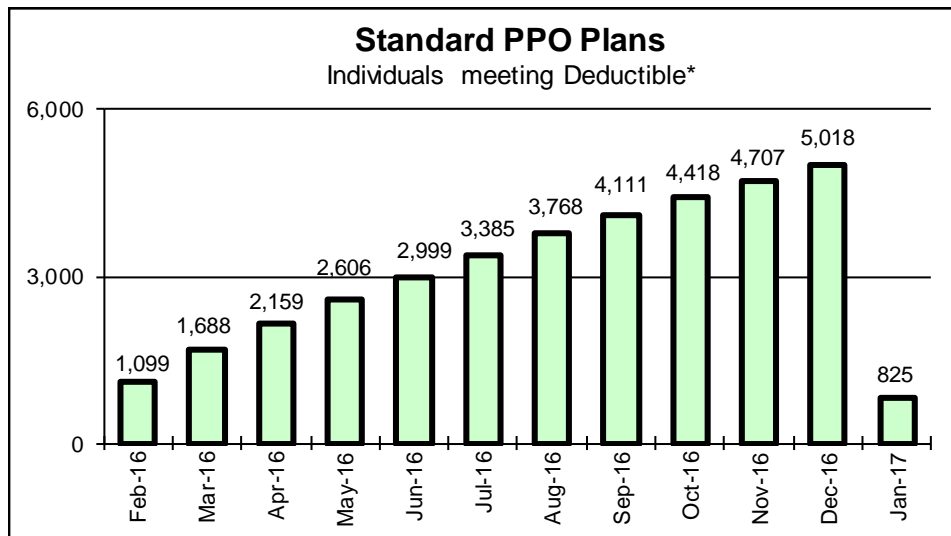
Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med Rcnt US	% Diff from Rcnt US	Visits Per 1000 ER	Visits Per 1000 ER Rcnt US	%Diff from Rcnt US
LivingWell CDHP	7,586.95	6,473.27	14.68%	160.60	228.13	-42.05%
LivingWell PPO	9,034.92	7,206.49	20.24%	193.78	229.82	-18.60%
Standard CDHP	4,282.02	6,410.12	-49.70%	144.78	229.47	-58.50%
Standard PPO	5,666.93	7,035.52	-24.15%	236.58	229.65	2.93%
Average	7,778.84	6,770.29	12.97%	176.90	228.91	-29.40%

Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	%Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	7,913.53	8,001.88	-1.10%	1,829.00	2,004.50	-8.76%
LivingWell PPO	10,537.34	9,264.64	13.74%	2,479.67	2,517.62	-1.51%
Standard CDHP	5,059.32	8,399.93	-39.77%	1,167.16	2,072.37	-43.68%
Standard PPO	7,781.38	9,291.11	-16.25%	2,013.14	2,382.38	-15.50%
Average	8,675.84	8,564.78	1.30%	2,036.06	2,217.56	-8.19%

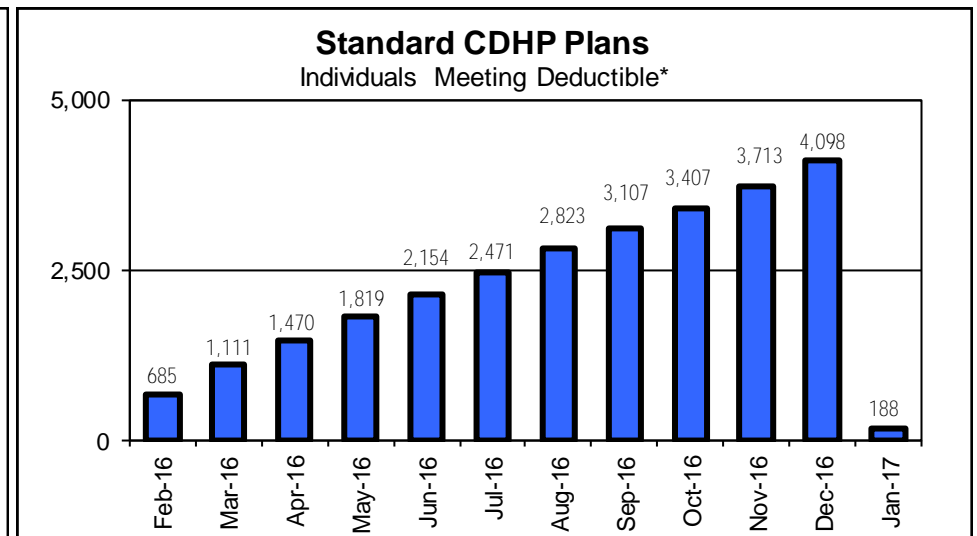
*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

Analysis of Individuals and Families Meeting Their Deductibles

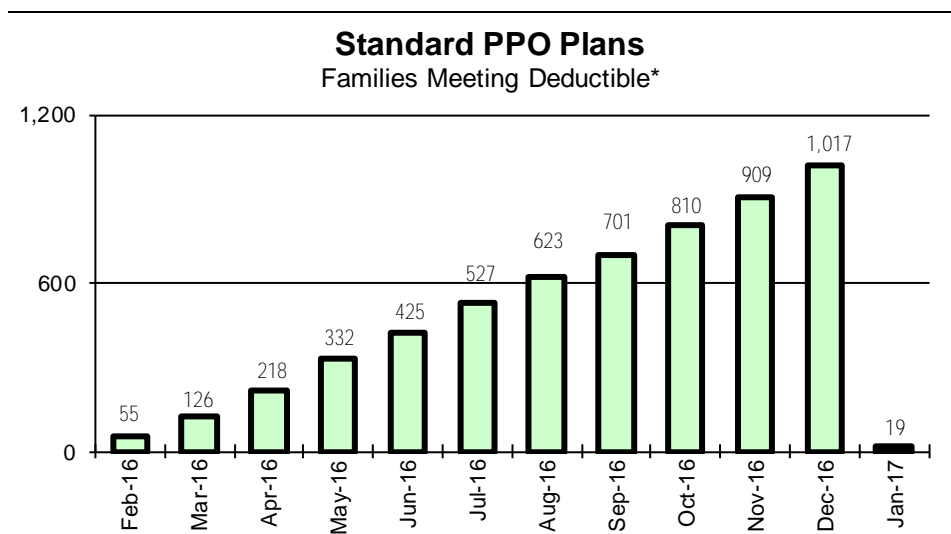
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



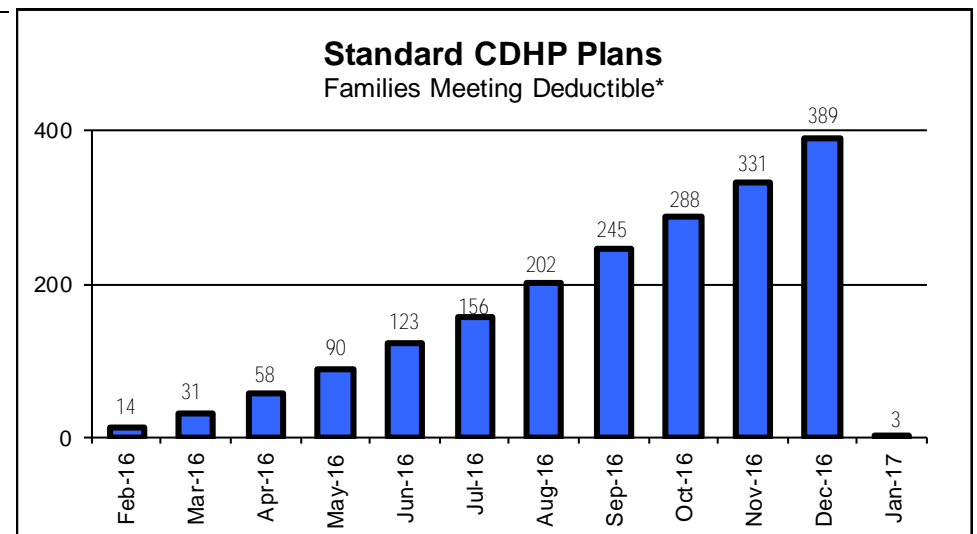
* 2016 and 2017 Individual Deductible is \$750



* 2016 and 2017 Individual Deductible is \$1,750



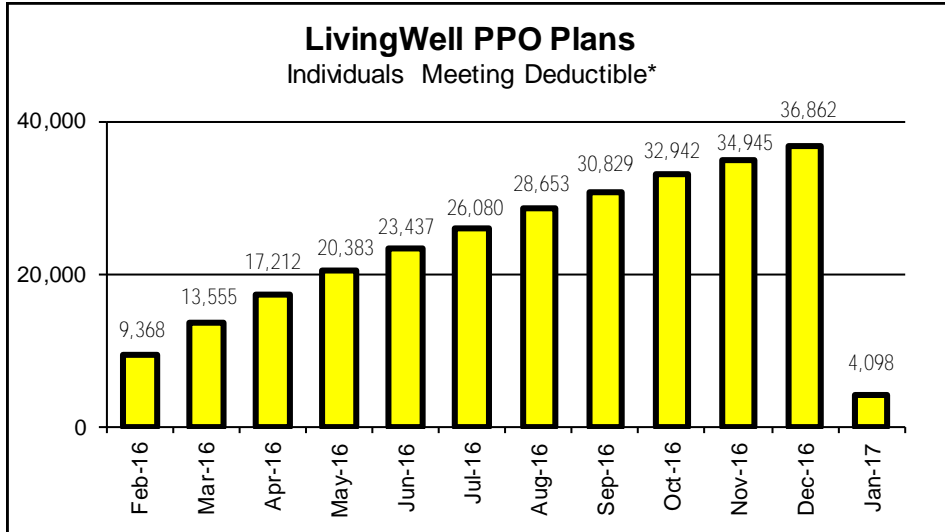
* 2016 and 2017 Family Deductible is \$1,500



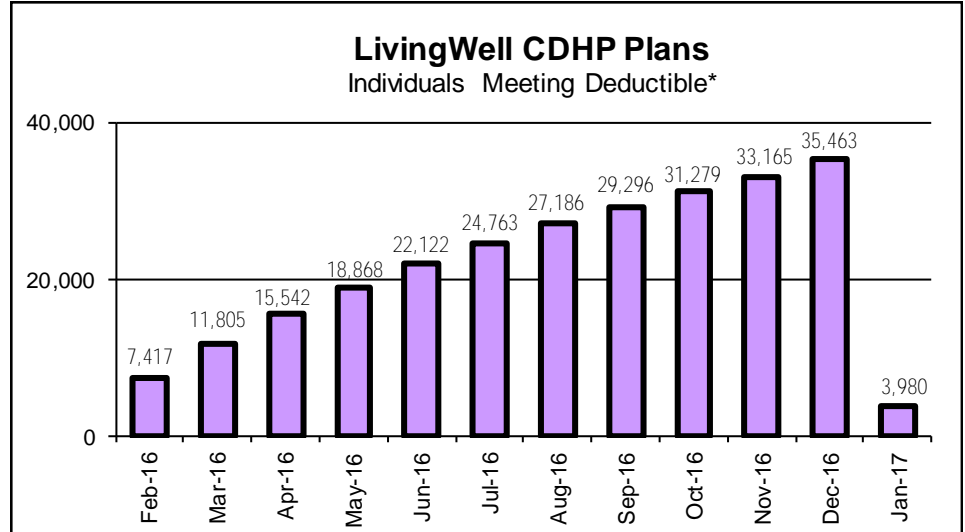
* 2016 and 2017 Family Deductible is \$3,500

Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

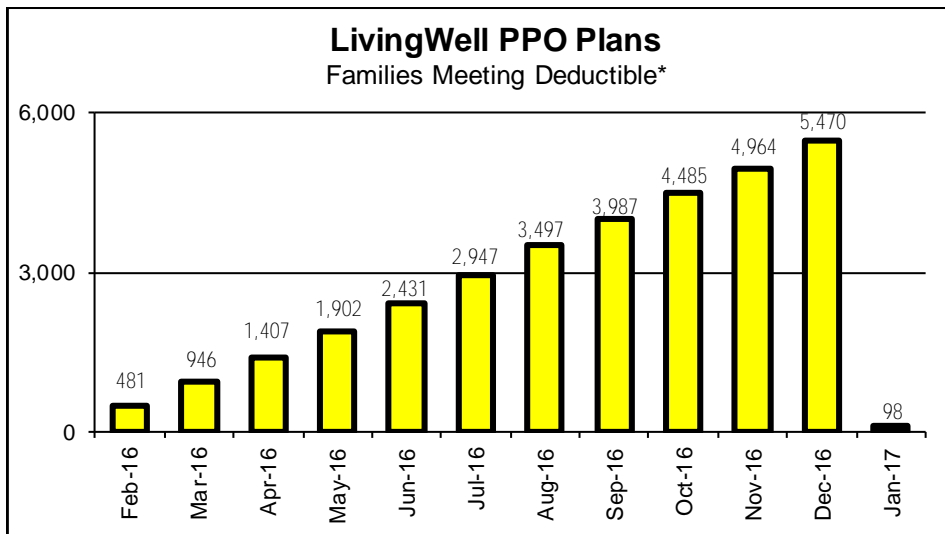
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



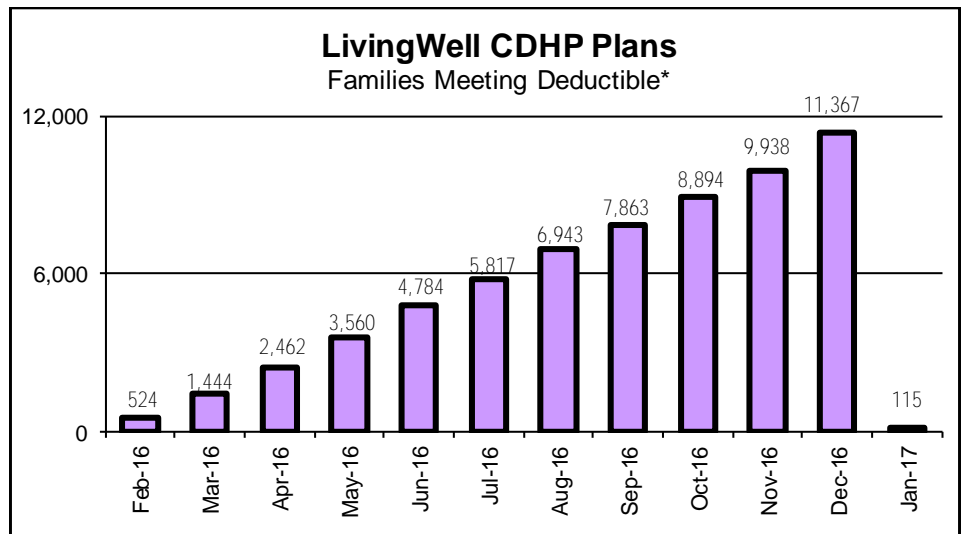
*2016 Individual Deductible is \$500; 2017 Individual Deductible is \$750



* 2016 and 2017 Individual Deductible is \$1,250



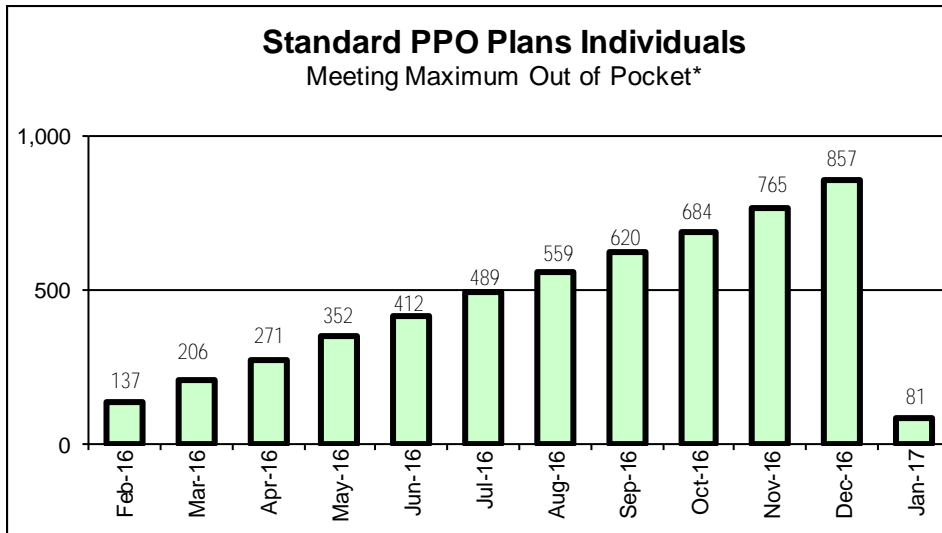
* 2016 Family Deductible is \$1,000; 2017 Family Deductible is \$1,500



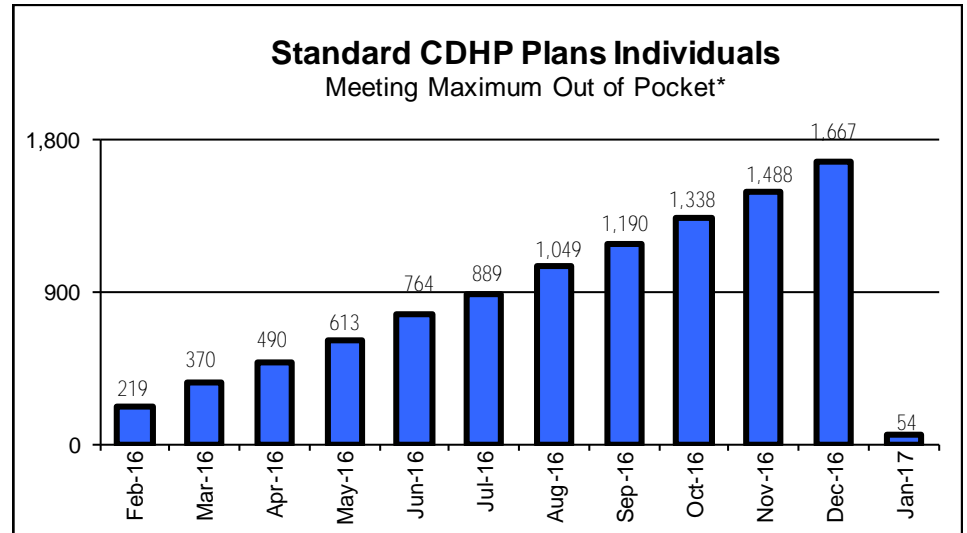
* 2016 and 2017 Family Deductible is \$2,500

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

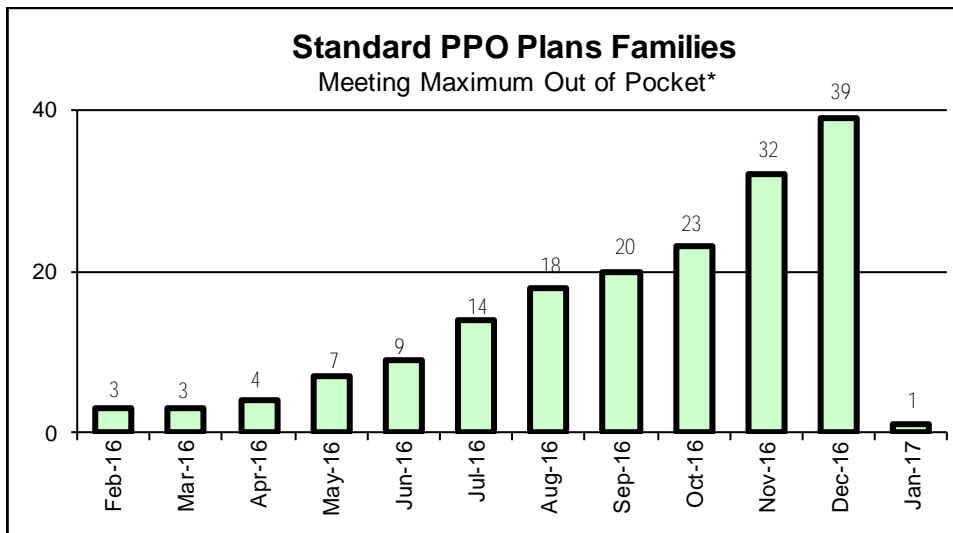
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



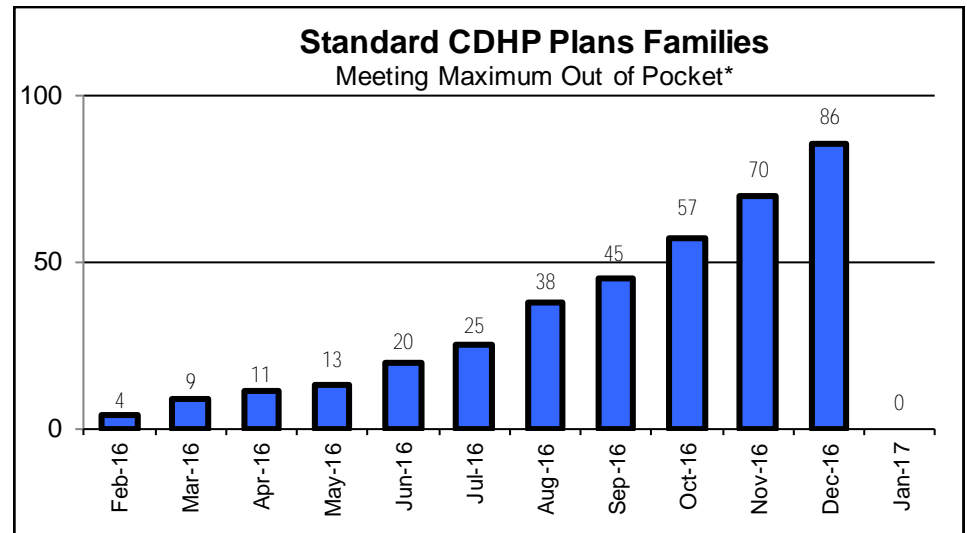
* 2016 Individual Maximum Out of Pocket is \$3,500; 2017 Individual Maximum Out of Pocket is \$3,750



* 2016 Individual Maximum Out of Pocket is \$3,500; 2016 Individual Maximum Out of Pocket is \$3,750



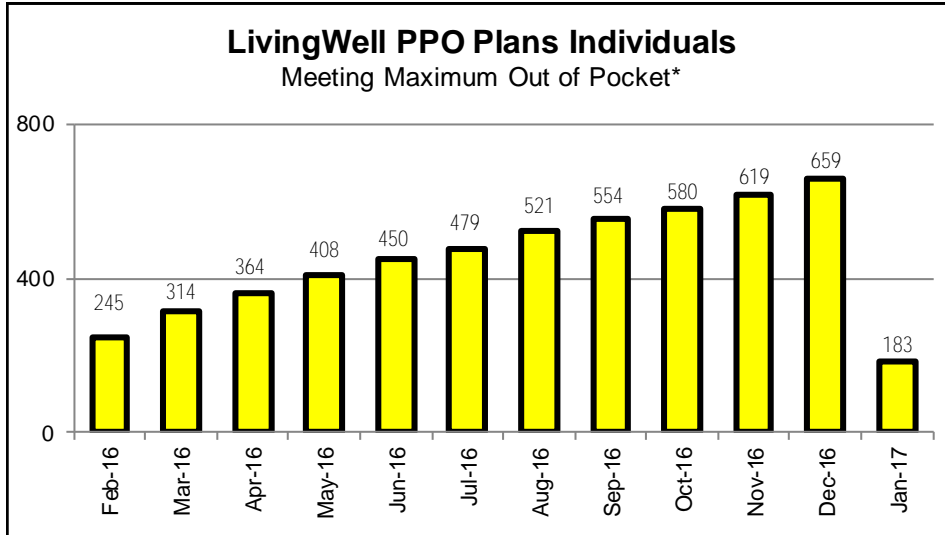
* 2016 Family Maximum Out of Pocket is \$7,000; 2017 Family Maximum Out of Pocket is \$7,500



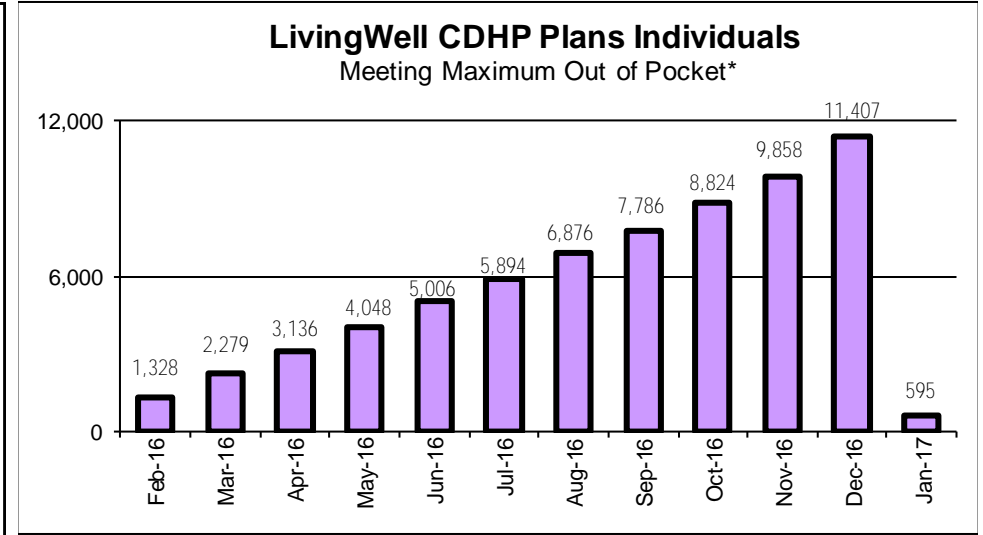
* 2016 Family Maximum Out of Pocket is \$7,000; 2017 Family Maximum Out of Pocket is \$7,500

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

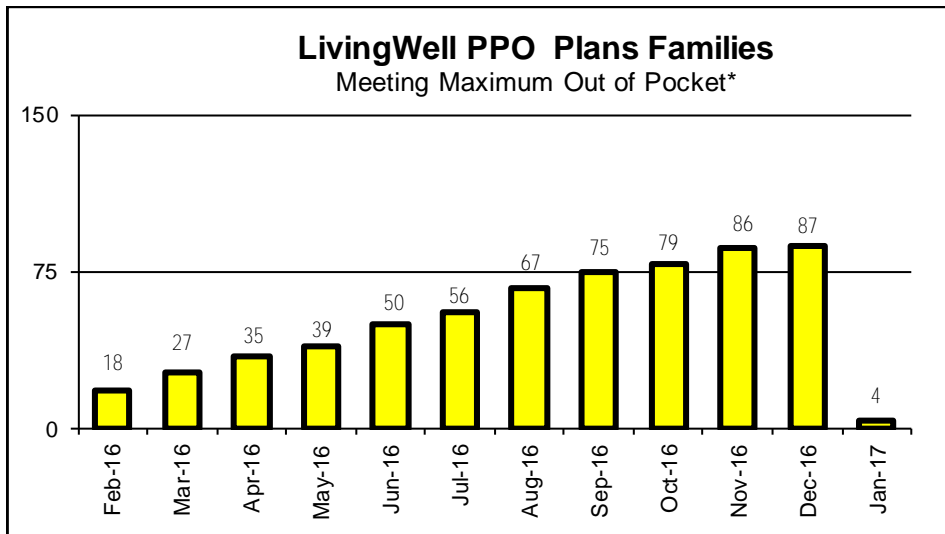
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



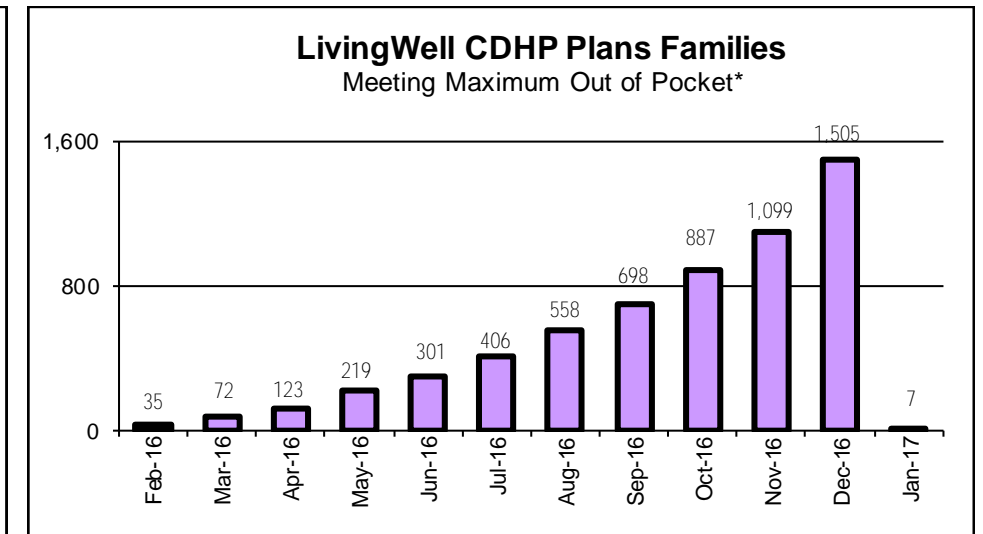
* 2016 Individual Maximum Out of Pocket is \$2,500; 2017 Individual Maximum Out of Pocket is \$2,750



* 2016 Individual Max Out of Pocket is \$2,500; 2017 Individual Maximum Out of Pocket is \$2,750



* 2016 Family Maximum Out of Pocket is \$5,000; 2017 Family Maximum Out of Pocket is \$5,500



* 2016 Family Maximum Out of Pocket is \$5,000; 2017 Family Maximum Out of Pocket is \$5,500

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket (MOOP) expense for the years 2009-2017. This report is based on incurred claims.

Individuals and Families in CW Standard PPO (2009-13) and Standard PPO (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting Deductible	Max Out of Pocket	Meeting MOOP	Deductible	Meeting Deductible	Max Out of Pocket	Meeting MOOP
2009	CW Standard PPO	\$750	32.06%	\$3,500	5.85%	\$1,500	8.74%	\$7,000	1.14%
2010	CW Standard PPO	\$500	38.12%	\$3,500	4.81%	\$1,500	3.61%	\$7,000	0.73%
2011	CW Standard PPO	\$500	39.40%	\$3,500	4.55%	\$1,500	3.99%	\$7,000	0.56%
2012	CW Standard PPO	\$500	40.49%	\$3,500	4.80%	\$1,500	4.98%	\$7,000	0.77%
2013	CW Standard PPO	\$600	36.86%	\$3,000	6.45%	\$1,800	4.35%	\$6,000	1.62%
2014	Standard PPO	\$750	34.91%	\$3,500	6.82%	\$1,500	10.68%	\$7,000	0.82%
2015	Standard PPO	\$750	33.28%	\$3,500	5.31%	\$1,500	9.53%	\$7,000	0.30%
2016	Standard PPO	\$750	34.24%	\$3,500	5.85%	\$1,500	10.01%	\$7,000	0.38%
2017	Standard PPO	\$750	4.41%	\$3,750	0.43%	\$1,500	0.15%	\$7,500	0.01%

Individuals and Families in Capitol Choice (2009-13) and Standard CDHP (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting Deductible	Max Out of Pocket	Meeting MOOP	Deductible	Meeting Deductible	Max Out of Pocket	Meeting MOOP
2009	Capitol Choice	\$500	27.85%	\$2,000	1.86%	\$1,500	0.59%	\$6,000	0.01%
2010	Capitol Choice	\$500	25.19%	\$2,000	1.84%	\$1,500	0.49%	\$6,000	0.01%
2011	Capitol Choice	\$575	24.93%	\$2,300	1.61%	\$1,725	0.45%	\$6,900	0.01%
2012	Capitol Choice	\$600	25.70%	\$2,400	1.46%	\$1,800	0.55%	\$7,000	0.01%
2013	Capitol Choice	\$615	25.18%	\$2,470	1.90%	\$1,850	0.52%	\$7,400	0.15%
2014	Standard CDHP	\$1,750	20.45%	\$3,500	7.38%	\$3,500	2.41%	\$7,000	0.47%
2015	Standard CDHP	\$1,750	18.67%	\$3,500	6.90%	\$3,500	1.88%	\$7,000	0.34%
2016	Standard CDHP	\$1,750	19.58%	\$3,500	7.97%	\$3,500	2.14%	\$7,000	0.47%
2017	Standard CDHP	\$1,750	1.27%	\$3,750	0.36%	\$3,500	0.03%	\$7,500	0.00%

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2009-2017. This report is based on incurred claims.

Individuals and Families in Optimum PPO (2009-13) and LivingWell PPO (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting Deductible	Max Out of Pocket	Meeting MOOP	Deductible	Meeting Deductible	Max Out of Pocket	Meeting MOOP
2009	Optimum PPO	\$250	27.18%	\$1,125	10.05%	\$500	8.42%	\$2,250	1.51%
2010	Optimum PPO	\$300	25.80%	\$1,125	10.89%	\$600	7.05%	\$2,250	1.47%
2011	Optimum PPO	\$345	25.16%	\$1,295	9.99%	\$690	7.31%	\$2,590	1.36%
2012	Optimum PPO	\$355	24.87%	\$1,350	9.93%	\$720	5.51%	\$2,700	1.38%
2013	Optimum PPO	\$370	24.86%	\$1,390	11.11%	\$740	7.64%	\$2,780	1.72%
2014	LivingWell PPO	\$500	11.85%	\$2,500	3.74%	\$1,000	4.70%	\$3,000	0.49%
2015	LivingWell PPO	\$500	34.97%	\$2,500	0.69%	\$1,000	7.88%	\$5,000	0.16%
2016	LivingWell PPO	\$500	35.88%	\$2,500	0.64%	\$1,000	7.85%	\$5,000	0.12%
2017	LivingWell PPO	\$750	4.38%	\$2,750	0.20%	\$1,500	0.17%	\$5,500	0.01%

Individuals and Families in Maximum Choice (2009-13) and LivingWell CDHP (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting Deductible	Max Out of Pocket	Meeting MOOP	Deductible	Meeting Deductible	Max Out of Pocket	Meeting MOOP
2009	Maximum Choice	\$2,000	14.90%	\$3,000	4.52%	\$3,000	15.96%	\$4,500	3.64%
2010	Maximum Choice	\$2,000	15.12%	\$3,000	4.91%	\$3,000	16.78%	\$4,500	4.14%
2011	Maximum Choice	\$2,300	14.60%	\$3,455	4.53%	\$3,455	18.28%	\$5,185	4.37%
2012	Maximum Choice	\$2,325	14.71%	\$3,550	4.16%	\$3,530	18.82%	\$5,280	3.99%
2013	Maximum Choice	\$2,450	14.55%	\$3,700	4.04%	\$3,650	19.22%	\$5,400	3.56%
2014	LivingWell CDHP	\$1,250	29.04%	\$2,500	8.89%	\$2,500	17.39%	\$5,000	2.24%
2015	LivingWell CDHP	\$1,250	29.30%	\$2,500	8.61%	\$2,500	17.55%	\$5,000	1.89%
2016	LivingWell CDHP	\$1,250	28.67%	\$2,500	9.22%	\$2,500	17.90%	\$5,000	2.37%
2017	LivingWell CDHP	\$1,251	2.92%	\$2,750	0.44%	\$2,501	0.18%	\$5,500	0.01%

Premium (or Premium Equivalent)

The following details the amount of premium* (or premium equivalent) paid by the employee and employer for 2009-2016 and monthly through 2017.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
2010	\$223,160,749	\$1,325,801,265	\$1,548,962,014
2011	\$274,375,886	\$1,324,091,690	\$1,598,467,575
2012	\$271,663,955	\$1,332,767,157	\$1,604,431,112
2013	\$271,156,377	\$1,329,854,915	\$1,601,011,292
2014	\$265,431,508	\$1,348,631,926	\$1,614,063,434
2015	\$256,371,746	\$1,362,686,924	\$1,619,058,670
2016	\$254,661,768	\$1,380,830,820	\$1,635,492,588
Jan 2017	\$21,290,201	\$115,191,858	\$136,482,059
Feb 2017	\$21,266,514	\$115,000,209	\$136,266,723
Mar 2017	\$21,296,097	\$115,123,844	\$136,419,940
Apr 2017	\$21,284,608	\$115,057,662	\$136,342,270

**Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period: Paid Month	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
May 2016	317,460	8,737	37,680	6,271	370,148	85.77%	97.32%
Jun 2016	313,682	9,622	37,679	6,916	367,899	85.26%	97.02%
Jul 2016	301,620	10,472	35,787	6,839	354,718	85.03%	96.64%
Aug 2016	328,077	9,958	39,628	7,410	385,073	85.20%	97.05%
Sep 2016	321,207	9,100	45,221	7,518	383,046	83.86%	97.24%
Oct 2016	321,581	9,129	51,754	7,921	390,385	82.38%	97.24%
Nov 2016	333,763	10,146	43,248	8,232	395,389	84.41%	97.05%
Dec 2016	364,295	9,643	42,507	10,595	427,040	85.31%	97.42%
Jan 2017	339,099	8,854	35,553	7,302	390,808	86.77%	97.46%
Feb 2017	323,025	8,013	33,252	7,222	371,512	86.95%	97.58%
Mar 2017	356,357	9,108	37,186	9,893	412,544	86.38%	97.51%
Apr 2017	307,834	8,436	32,550	8,126	356,946	86.24%	97.33%

**Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

Prescription Drug Utilization *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Feb 2016	263,032	153,980	363,357	1.38	2.82	\$85.39	\$68.04	\$23.79	\$40.64
Mar 2016	263,186	161,334	402,813	1.53	2.97	\$86.85	\$71.55	\$23.21	\$37.87
Apr 2016	263,164	153,465	368,253	1.40	2.86	\$89.24	\$76.20	\$18.07	\$30.99
May 2016	262,858	151,885	371,746	1.41	2.91	\$90.63	\$78.74	\$16.65	\$28.82
Jun 2016	262,376	153,097	368,931	1.41	2.93	\$96.28	\$84.88	\$15.84	\$27.14
Jul 2016	261,289	150,477	353,303	1.35	2.88	\$96.31	\$85.76	\$14.10	\$24.49
Aug 2016	260,476	155,571	382,599	1.47	2.98	\$96.37	\$86.38	\$14.48	\$24.25
Sep 2016	258,436	154,350	378,331	1.46	2.93	\$93.63	\$84.39	\$13.28	\$22.23
Oct 2016	261,826	162,635	389,860	1.49	2.95	\$92.00	\$83.20	\$12.90	\$20.77
Nov 2016	262,073	159,541	394,211	1.50	2.97	\$93.32	\$84.68	\$12.82	\$21.05
Dec 2016	262,215	159,044	426,710	1.63	3.14	\$93.77	\$85.35	\$13.48	\$22.23
Jan 2017	263,262	156,396	386,146	1.47	2.94	\$93.16	\$76.16	\$24.74	\$41.64

***Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Rx claims incurred Jan 2017.

Prev Rank	Curr Rank	Product Name	Brand/Generic	Therapeutic Class General	Net Pay Rx	Net Pay Rx as % of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	HUMIRA	Single source brand	Immunosuppressants	\$2,233,793.94	7.54%	333	\$153.58	316
2	2	ENBREL	Single source brand	Immunosuppressants	\$1,121,058.00	3.79%	188	\$140.94	174
6	3	METFORMIN HCL	Multisource generic	Hormones & Synthetic Subst	\$565,908.08	1.91%	8,016	\$1.70	7,999
8	4	GILENYA	Single source brand	Misc Therapeutic Agents	\$559,718.94	1.89%	42	\$212.01	40
12	5	COPAXONE	Single source brand	Misc Therapeutic Agents	\$549,345.90	1.85%	49	\$194.25	47
4	6	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$546,261.27	1.84%	1,255	\$11.19	1,223
9	7	STELARA	Single source brand	Immunosuppressants	\$530,483.31	1.79%	47	\$149.94	51
3	8	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$521,184.77	1.76%	631	\$21.15	626
10	9	TECFIDERA	Other/unavailable	Misc Therapeutic Agents	\$482,286.89	1.63%	52	\$211.53	48
5	10	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$475,902.46	1.61%	566	\$21.94	550
7	11	VICTOZA	Other/unavailable	Hormones & Synthetic Subst	\$463,159.49	1.56%	614	\$20.71	617
19	12	HARVONI	Single source brand	Anti-Infective Agents	\$409,132.63	1.38%	13	\$1,123.99	10
16	13	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$392,797.60	1.33%	881	\$12.51	864
17	14	LEVEMIR FLEXTOUCH	Single source brand	Hormones & Synthetic Subst	\$342,955.08	1.16%	552	\$15.50	543
-	15	TRESIBA	Other/unavailable	Hormones & Synthetic Subst	\$337,554.95	1.14%	420	\$19.65	418
-	16	JARDIANCE	Single source brand	Hormones & Synthetic Subst	\$333,140.99	1.12%	755	\$12.82	741
24	17	TRULICITY	Other/unavailable	Hormones & Synthetic Subst	\$321,948.45	1.09%	474	\$20.09	458
13	18	ESOMEPRAZOLE MAGNESIUM	Multisource generic	Gastrointestinal Drugs	\$321,425.90	1.09%	1,316	\$6.20	1,329
21	19	XOLAIR	Other/unavailable	Immunosuppressants	\$317,902.88	1.07%	89	\$94.78	86
14	20	HUMATROPE	Multisource brand, no generic	Hormones & Synthetic Subst	\$267,869.10	0.90%	30	\$133.93	33
18	21	ONE TOUCH ULTRA	Other/unavailable	Diagnostic Agents	\$257,897.45	0.87%	1,843	\$3.54	1,805
20	22	DULOXETINE HCL	Multisource generic	Central Nervous System	\$239,944.52	0.81%	2,931	\$2.20	2,730
-	23	COSENTYX	Single source brand	Immunosuppressants	\$219,060.81	0.74%	36	\$193.18	31
-	24	SAXENDA	Single source brand	Hormones & Synthetic Subst	\$217,199.43	0.73%	185	\$33.42	183
-	25	REVLIMID	Single source brand	Misc Therapeutic Agents	\$206,234.08	0.70%	19	\$409.19	15

*"Product Name" includes all strengths/formulations of a drug

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 5.32% of total scripts and 41.31% of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$12,234,167	21,337	845,669
All Product Names	\$29,617,420	401,205	12,711,168
Top Drugs as Pct of All Drugs	41.31%	5.32%	6.65%

Utilization

The top 25 clinical conditions based on incurred claims for Jan 2017.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$4,941,407	\$15,609	\$4,924,800	0.00	0.00	859.72	0.32	21,199	\$233.10
4	2	Coronary Artery Disease	\$2,665,971	\$1,535,517	\$1,116,352	1.78	4.44	30.63	2.23	814	\$3,275.15
2	3	Osteoarthritis	\$2,274,758	\$1,584,110	\$688,148	2.42	2.04	126.81	0.09	2,561	\$888.23
3	4	Signs/Symptoms/Oth Cond, NEC	\$2,165,817	\$401,056	\$1,705,477	0.91	5.55	438.41	10.44	14,015	\$154.54
6	5	Chemotherapy Encounters	\$2,083,726	\$85,858	\$1,997,869	0.27	2.83	1.50	0.00	209	\$9,969.98
7	6	Gastroint Disord, NEC	\$1,908,953	\$728,446	\$1,180,466	1.41	5.61	151.47	14.72	4,272	\$446.85
9	7	Pregnancy without Delivery	\$1,517,503	\$1,137,740	\$379,485	0.41	3.11	86.83	3.83	1,826	\$831.05
10	8	Respiratory Disord, NEC	\$1,467,874	\$590,521	\$871,901	0.46	2.00	86.61	10.76	3,141	\$467.33
5	9	Spinal/Back Disord, Low Back	\$1,458,420	\$757,611	\$700,809	0.82	3.28	505.82	3.33	6,514	\$223.89
14	10	Cancer - Breast	\$1,260,061	\$10,136	\$1,249,645	0.09	2.00	21.97	0.05	576	\$2,187.61
11	11	Condition Rel to Tx - Med/Surg	\$1,242,564	\$930,778	\$306,463	1.50	4.82	6.20	1.41	424	\$2,930.58
8	12	Arthropathies/Joint Disord NEC	\$1,189,933	\$83,472	\$1,106,035	0.32	3.29	495.25	3.74	7,466	\$159.38
16	13	Infections, NEC	\$1,131,792	\$1,012,275	\$119,517	0.05	15.00	65.18	1.69	1,958	\$578.03
13	14	Cardiac Arrhythmias	\$1,079,955	\$370,663	\$709,292	0.87	3.47	36.15	2.32	956	\$1,129.66
15	15	Spinal/Back Disord, Ex Low	\$956,921	\$193,637	\$763,250	0.23	2.20	474.69	2.14	5,797	\$165.07
12	16	Newborns, w/wo Complication	\$905,212	\$860,760	\$44,452	7.98	2.99	7.29	0.27	284	\$3,187.37
19	17	Renal Function Failure	\$898,251	\$125,876	\$772,374	0.14	2.33	14.72	0.46	550	\$1,633.18
17	18	Diabetes	\$858,577	\$170,456	\$676,382	1.46	7.16	233.70	1.82	5,615	\$152.91
20	19	Cardiovasc Disord, NEC	\$812,778	\$143,486	\$669,292	0.27	3.83	67.37	9.03	2,192	\$370.79
-	20	Aneurysm	\$767,495	\$747,575	\$19,920	0.32	7.29	1.69	0.14	50	\$15,349.90
23	21	Urinary Tract Calculus	\$755,979	\$96,064	\$659,915	0.36	2.38	17.32	4.92	516	\$1,465.08
22	22	Infections - ENT Ex Otitis Med	\$754,847	\$58,372	\$696,475	0.23	2.40	745.54	4.60	15,529	\$48.61
-	23	Overweight/Obesity	\$737,501	\$587,446	\$150,019	1.28	1.43	24.52	0.05	721	\$1,022.89
18	24	Cerebrovascular Disease	\$693,684	\$449,766	\$240,649	1.19	5.65	8.25	1.19	289	\$2,400.29
-	25	Radiation Therapy Encounters	\$655,417	\$0	\$655,417	0.00	0.00	0.91	0.00	57	\$11,498.54

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 58.78% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$35,185,394	\$12,677,230	\$22,404,404	24.75	3.80	4,508.56	79.54
All Clinical Conditions	\$59,854,722	\$20,553,393	\$39,079,622	56.98	5.22	8,773.43	178.97
Top Clinical Conditions as Pct of All Clinical Conditions	58.78%	61.68%	57.33%	43.44%	72.86%	51.39%	44.44%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred Jan 2017.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
LivingWell CDHP	310,395	16	91.81%	97.98%	99.58%
LivingWell PPO	272,643	16	91.75%	98.04%	99.63%
Standard CDHP	20,515	17	89.65%	96.90%	99.38%
Standard PPO	40,896	18	88.74%	97.07%	99.48%
Missing	804	24	82.33%	96.47%	100.00%
All Plans	645,253	15	91.51%	97.91%	99.59%

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
Feb 2016	\$1,674,591.96	\$1,720,675.08	\$1,942,720.51	\$330,587.13	\$175,384.19	\$174,954.22
Mar 2016	\$7,685,531.32	\$2,316,324.63	\$1,730,018.08	\$754,110.71	\$661,097.21	\$266,118.60
Apr 2016	\$33,407,710.35	\$6,670,953.52	\$3,762,699.26	\$1,763,038.72	\$755,990.50	\$928,773.30
May 2016	\$52,877,802.01	\$33,851,430.03	\$12,171,068.76	\$2,658,225.77	\$3,075,837.86	\$580,295.48
Jun 2016	\$2,824.49	\$53,254,076.08	\$48,803,863.40	\$8,083,610.90	\$5,092,147.20	\$1,442,546.28
Jul 2016	\$0.00	\$5,932.58	\$61,299,267.27	\$36,603,659.24	\$9,394,237.20	\$2,188,685.56
Aug 2016	\$0.00	\$0.00	\$9,323.74	\$59,276,366.76	\$47,254,274.83	\$6,396,295.46
Sep 2016	\$0.00	\$0.00	\$0.00	\$8,372.67	\$60,464,388.63	\$37,448,451.18
Oct 2016	\$0.00	\$0.00	\$0.00	\$0.00	\$7,818.31	\$63,929,593.93
Nov 2016	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,310.10
Dec 2016	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Jan 2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
Feb 2016	\$260,121.51	\$106,442.78	\$339,445.59	\$116,340.06	(\$30,468.74)	\$15,592.11
Mar 2016	\$304,011.99	\$64,548.51	\$95,062.65	\$70,187.34	(\$32,479.89)	\$60,174.15
Apr 2016	\$149,113.41	\$296,391.53	\$452,007.09	\$42,196.95	\$95,363.22	(\$18,178.76)
May 2016	\$455,454.75	\$128,417.53	\$171,669.84	\$96,691.19	\$42,819.40	\$71,814.55
Jun 2016	\$1,284,602.98	\$339,478.78	\$287,978.72	\$127,273.63	\$265,183.66	(\$88,092.04)
Jul 2016	\$871,308.69	\$727,876.86	\$370,893.07	\$251,444.82	\$115,339.22	\$22,568.96
Aug 2016	\$1,756,064.81	\$1,919,336.53	\$1,021,855.44	\$386,484.62	\$395,178.26	\$88,587.07
Sep 2016	\$5,943,318.60	\$2,712,450.09	\$1,002,124.68	\$856,402.54	\$599,617.71	\$386,828.46
Oct 2016	\$38,332,667.88	\$9,092,844.85	\$1,676,974.54	\$1,228,152.63	\$1,330,613.92	\$574,448.82
Nov 2016	\$60,077,471.90	\$50,179,169.97	\$5,029,682.28	\$2,635,929.78	\$1,429,281.08	\$534,805.79
Dec 2016	\$7,996.96	\$79,137,812.70	\$44,872,439.43	\$7,523,976.80	\$3,558,952.58	\$861,497.88
Jan 2017	\$0.00	\$395.08	\$46,950,216.42	\$33,528,845.25	\$7,073,989.95	\$1,711,471.54

Claims Distribution Based on Age/Gender

The following is based on claims incurred Jan 2017.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,268	\$826,152.40	\$651.54	1,326	\$1,466,549.32	\$1,105.99
Ages 1-4	5,187	\$849,788.89	\$163.83	5,426	\$657,439.92	\$121.16
Ages 5-9	7,679	\$577,222.83	\$75.17	8,157	\$603,427.77	\$73.98
Ages 10-14	8,912	\$925,718.19	\$103.87	9,218	\$902,956.19	\$97.96
Ages 15-17	5,638	\$924,113.76	\$163.91	5,976	\$949,114.20	\$158.82
Ages 18-19	3,878	\$620,020.44	\$159.88	4,039	\$593,264.16	\$146.88
Ages 20-24	9,388	\$1,601,516.79	\$170.59	8,867	\$1,214,437.16	\$136.96
Ages 25-29	8,318	\$1,824,736.24	\$219.37	4,834	\$856,775.25	\$177.24
Ages 30-34	9,433	\$2,483,357.51	\$263.26	5,347	\$913,115.55	\$170.77
Ages 35-39	11,217	\$3,447,784.59	\$307.37	6,518	\$1,125,558.83	\$172.68
Ages 40-44	12,222	\$4,023,666.76	\$329.22	7,153	\$1,784,096.43	\$249.42
Ages 45-49	14,540	\$5,116,064.86	\$351.86	8,848	\$2,672,657.82	\$302.06
Ages 50-54	15,229	\$7,284,627.34	\$478.34	9,670	\$5,185,736.76	\$536.27
Ages 55-59	17,667	\$9,716,876.70	\$550.00	10,588	\$5,614,904.40	\$530.31
Ages 60-64	19,824	\$11,614,189.44	\$585.87	12,095	\$9,040,958.94	\$747.50
Ages 65-74	2,486	\$1,662,174.58	\$668.61	1,977	\$1,844,374.64	\$932.92
Ages 75-84	162	\$163,431.92	\$1,008.84	164	\$161,949.59	\$987.50
Ages 85+	7	\$802.99	\$114.71	3	\$6,934.52	\$2,311.51
Total	153,055	\$53,662,246.23	\$350.61	110,206	\$35,594,251.45	\$322.98

Allowed Amount Distribution

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2009—2016 and year to date for 2017.

Allowed Amount	2009	2010	2011	2012	2013	2014	2015	2016	2017
less than 0.00	22	42	63	105	5816	22	4	2	0
\$0.00 - \$499.99	53,160	57,392	58,044	60,353	60,320	66,180	72,745	72,680	121,745
\$500.00 - \$999.99	34,982	34,386	36,012	36,453	36,748	39,137	39,851	40,948	15,286
\$1,000.00 - \$1,999.99	43,452	42,988	44,147	44,299	43,463	43,065	41,247	40,880	9,049
\$2,000.00 - \$4,999.99	59,566	60,341	60,339	60,139	57,291	51,911	49,202	48,597	5,975
\$5,000.00 - \$9,999.99	35,696	36,028	36,375	36,025	34,307	29,515	26,827	27,270	2,171
\$10,000.00 - \$14,999.99	14,198	14,874	15,009	15,273	14,743	12,825	11,366	11,659	966
\$15,000.00 - \$19,999.99	6,849	7,184	7,339	7,651	7,573	6,755	5,615	6,145	430
\$20,000.00 - \$29,999.99	6,475	6,960	7,131	7,114	7,271	6,374	5,611	5,912	380
\$30,000.00 - \$49,999.99	4,451	4,935	5,155	5,306	5,387	5,272	4,472	4,813	236
\$50,000.00 - \$74,999.99	1,773	2,022	2,256	2,391	2,530	2,520	2,220	2,336	81
\$75,000.00 - \$99,999.99	688	829	839	914	1017	1,037	947	1,124	44
\$100,000.00 - \$149,999.99	545	651	707	789	801	846	778	882	20
\$150,000.00 - \$199,999.99	203	225	274	296	350	344	318	329	7
\$200,000.00 - \$249,999.99	116	117	118	136	147	179	149	167	3
over \$249,999.99	166	196	259	268	295	326	231	241	3
Total	262,342	269,170	274,067	277,512	278,059	266,308	261,583	263,985	156,396

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Feb 2016	263,032	\$91,407,845.86	\$66,686,428.70	\$24,721,417.16	642,437	272,026	363,357
Mar 2016	263,186	\$106,072,791.05	\$77,249,733.69	\$28,823,057.36	712,116	302,075	402,813
Apr 2016	263,164	\$101,443,262.09	\$73,382,240.60	\$28,061,021.49	645,968	270,585	368,253
May 2016	262,858	\$106,190,013.02	\$76,919,531.50	\$29,270,481.52	640,560	261,926	371,746
Jun 2016	262,376	\$118,895,494.08	\$87,582,098.53	\$31,313,395.55	661,863	285,898	368,931
Jul 2016	261,289	\$111,851,213.47	\$81,550,252.58	\$30,300,960.89	627,260	267,070	353,303
Aug 2016	260,476	\$118,503,767.52	\$85,454,855.78	\$33,048,911.74	678,461	288,588	382,599
Oct 2016	261,826	\$116,173,114.88	\$83,737,631.40	\$32,435,483.48	687,907	290,896	389,860
Sep 2016	258,436	\$109,421,954.56	\$77,494,852.81	\$31,927,101.75	657,486	271,990	378,331
Nov 2016	262,073	\$119,891,650.90	\$86,511,366.13	\$33,380,284.77	697,481	296,133	394,211
Dec 2016	262,215	\$135,962,676.35	\$99,541,435.89	\$36,421,240.46	731,758	297,983	426,710
Jan 2017	263,262	\$89,264,918.24	\$59,854,722.27	\$29,410,195.97	672,038	278,101	386,146

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Feb 2016 - Jan 2017	262,016	\$1,334,166,687	\$964,722,155	\$369,444,532
Feb 2015 - Jan 2016	261,959	\$1,245,210,259	\$919,607,999	\$325,602,260
% Change (Roll Yrs)	0.02%	7.14%	4.91%	13.46%